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f you need additional space for ANY section, please attach an additional sheet and refer

WEISMAN

THOMAS G. BRUTON CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS



LARRY MARTIN	1:19-CV-15
(Enter above the full name of the plaintiff or plaintiffs in this action) (Lfy Of-Chicago.	JUDGE ALONSO MAGISTRATE JUDGE WE
Detective; BARCIA, E.	Case No:(To be supplied by the <u>Clerk of this Court</u>)
(Enter above the full name of ALL defendants in this action. <u>Do not</u>	
use "et al.") CHECK ONE ONLY:	
COMPLAINT UNDER T U.S. Code (state, county, o	THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983 or municipal defendants)
COMPLAINT UNDER TO 28 SECTION 1331 U.S. C	HE CONSTITUTION ("BIVENS" ACTION), TITLE Code (federal defendants)
OTHER (cite statute, if kn	own)
BEFORE FILLING OUT THIS COMPI	AINT, PLEASE REFER TO "INSTRUCTIONS FOR

FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

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[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I.	Plaint	iff(s):				
	A.	Name: Larry Martin				
	B.	List all aliases:				
	C.	Prisoner identification number: <u>B56252</u>				
	D.	Place of present confinement: Westren CC				
	E.	Address: 2300 Rt. Par South Mt. Stepling, It				
	numbe	If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. umber, place of confinement, and current address according to the above format on a eparate sheet of paper.)				
п.	Defendant(s): (In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)					
	A.	Defendant: GAYCEA # Bagch No. 13694				
		Title: Detective Beat No. # 4271A				
		Place of Employment: 005 th District				
	B.	Defendant:				
		Title:				
		Place of Employment:				
	C.	Defendant:				
		Title:				
		Place of Employment:				

2 Revised 9/2007

(If you have more than three defendants, then all additional defendants must be listed

according to the above format on a separate sheet of paper.)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

	t in the United States:
A.	Name of case and docket number: Lass Must No. 1:15-cv-10131
В.	Approximate date of filing lawsuit:
C.	List all plaintiffs (if you had co-plaintiffs), including any aliases:
D.	List all defendants: Cook County, Cook County States Attorney, John Does and Jane Doe For The N
E.	Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Whed State District; if state court, name the district; if state court, name the county): For the Northwan Alstrict, as Ill
F.	Name of judge to whom case was assigned: Honorable Town Be Goffs Chall
G.	Basic claim made: Fn152 GTVES + ON6 TE/Altertion for testifixing bx ceposities On the Chicago Polices
H.	Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Dismissed for from the form of the
[.	Approximate date of disposition: December 14, 2016

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

Mullding that we were Standing by
IS I had not grap hole of The Porch
that we were Standing by When He hif Me, I would have Sail into the
basement of the building, Carising
Much More Serious injurie Than He did
The Defendant, Than "Slam" Meto
the "Ground" he fore He Place the
Handcuss on Me. Before all of this
Place, I had been Stab in My back on
My lest hand Side orbort a month early.
The inpack from the Defendantis Blow,
To My Miss" Cause My Stab Wound
To 11Burgt! and seapen. I Stryted
Diseding "Gerlously bad, When the
Desendant got me to the Police Station
He part "Two" bondinges on My Hound
Desendent then State to Me; "Thank
God! That you didn't Sall down
Into that Basement" & When
I Were taking to the Cook County

(State what relief you want from the court.)

TELIEF REQUESTED TO THE RELIEF REQUESTED TO THE REPORT OF THE REPORT OF

Jail, I Were Seen by a Doctor, Who
Clean my wound, When The Doctor liese
Cleaning My Wound I can see my "intestines
Cleaning My Wound I can see my "Intestines Sticking out, Dive to the input were
just thert hard; I had to see a Mirse
for a month and a half before my hound
hill, Sotting treatment, It Selt like My
Tibs Were 1-166tured and I Were
16/16 Were "Flactured" and I Were "Ulringiting" up blood out of My "Panis."
Strips sendy to go to Juil Son my
Wassint, here were Wor Jeanson Sar
The Wesendintis Action' Somos Police
Drutality against Me
on May Hay 2018, I wrote on letter
TO the Chicago Police Headquarter
Complainting about What took Place on
March 14, 2018, But I recieved Woil
DESTOND BALK Tom Them, See My
Coy letter to the Chicago Police Headquarter
TEANUM 1680

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[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

ν.	Relief:
	State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.
The	Plaintiss Prays that this Honorable
He.	deems necessary and reasonible
Л.	The plaintiff demands that the case be tried by a jury. YES NO
	CERTIFICATION
	By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.
	Signed thisday of, 20
	(Signature of plaintiff or plaintiffs)
	(Print name)
	1358252
	(I.D. Number)
	2500 Rt. 99 South
	Mt. Ster 1/nc, IL 62352

(Address)

Case: 1:19-cv-00155 Document #: 7 Filed: 02/07/19 Page 8 of 10 PageID #:36 Whit The Indal. 5/26/18 Putrol To Chicago Police Headquaster; I have a complaint against one of your Officer. A Detective on Case North 18 CRU450501, On March 15, 2018, I hada Warrant for an escape; in Which I san from the Detective, When he tried to Stop Me. But I also Stoped and fold the Detective that I give-up you got Me! Both of us Were gasping for air, but When the Detive got his breath, He hall off and Hit : ME sight in Mylikibs' Causing My Stab Wound to seopen; I were blanding all over the place He got me to the Station and put two bandage on My Wound to help Stop the bleeding. When he hit ME I almost fail into the has Ement of this building, inWhich I would have needed Serious medical attion. The hit to My riss reopen my wound, Which took a Month an a half to rehilled; My ribs were GISC' fleetured! I Were Urinanting up blood out of My Panis. Detective Parsonsai duthink Godi' I didn't go down into that basement. I Walted untill I left Cook County before I reported this; in fear of retaliat-

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Offender's Signature

Offender refused to sign

Date

Initials

DOC 0356 (Rev. 7/2017)

understand that credit earned or awarded shall be revoked.

I hereby affirm that I have read and understand the requirements necessary to complete the goal statement. I further acknowledge my eligibility for participation in the program Sentence Credit program as contained in 730 ILCS 5/3-6-3 and if I am not in fact eligible for Program Sentence Credit, I

requirements, I agree to maintain appropriate classroom behavior and complete classroom assignments to the best of my ability.

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Program Sentence Credit (PSC) Goal Statement

	Revised Goa	ıls:	
Date of Revision:	Program:		
Goal Revision:			
	1.4		

	W.	1	<u> </u>
Offender's Signature	ID#	Date	
Program Staff's Name	Date	Facility Program Administrator's Na	ame Date
	Goal Evaluati	on	
☐ Award Recommended			
Goal period completed on:	NAME OF THE OWNER OWNER OF THE OWNER OWNE		
☐ Goals met ☐ Satisfactory progress as evidenced by:			
Days subject to Program Sentence Credit			
Less days not eligible:			
Total days eligible:			
☐ Agency Transfer (Non-disciplinary)		ATC/E.D.	☐ In-house transfer
Class Close/Interruption	□ F	PC/Security	
☐ HSE		Other (Explain)	
Award Not Recommended Goal period ended on:			
Goal period ended on:	; no credit e	earned	
Removed for disciplinary reasons		ransferred	☐ 'Quit program
PrOther (Expisin) Failed to reach	goel.	-	
DAWN M AJOR	11110 16	16	8.17.18
Print Name of Instructor/Advisor	Signature of Instructor	/Advisor	Date
Print Name of College Coordinator/Program Staff	Signature of College (Coordinator/Program Staff	Date / 1
Phil Wood	Mil	Wood	8/23/18
Print Name of Facility Program Administrator	Signature of Facility P	rogram Administrator	Date*